

57336

## CALIFORNIA HAZARDOUS WASTE MANIFEST

See reverse side for Instructions.  
Please type or print clearly. Press Hard.

State Department of Health Services  
HAZARDOUS MATERIALS MANAGEMENT SECTION  
744 P Street, Sacramento, CA 95814

① Manifest Number **015-001826**

## GENERATOR

(Generator Must Complete)

③ Designated TSD Facility (Authorized to operate under an approved state program or federal program)

④ Alternate TSD Facility

SFUND RECORDS CTR

999000864

② Name **ALUMINUM CO OF AMERICA OPERATING FOUNDRIES**  
EPA NO. **CAD074126681** EPA NO. **CAT080012024**  
Address **5151 ALCONA BLVD No. 586141** Address **900 PATRBO GRANDE**  
City, State, Zip **VERNON 90058** City, State, Zip **MONTGOMERY PARK CA**

Name **RETURN**  
EPA NO. **015-001826**  
Address  
City, State, Zip

⑤ U.S. DOT PROPER SHIPPING NAME	U.S. DOT HAZARD CLASS	UN/NA ID NO.	WEIGHT OR VOLUME	UNITS
WASTE <b>none</b>				
WASTE				

CONTAINERS NUMBER:

TYPE: ☐ DRUMS ☐ BAGS ☐ CARTONS  
☒ TANK TRUCK ☐ DUMP TRUCK  
☐ OTHER

⑥ WASTE CATEGORY **#7** ⑦ EX. HAZ. WASTE PERMIT NO. ⑧ GENERATING PROCESS **EXTRACTING**

LIST COMPONENTS:

CONC.  
UPPERRANGE  
LOWER

UNITS

CONC.  
UPPERRANGE  
LOWER

UNITS

⑨ A. \_\_\_\_\_ ☐ % ☐ ppm. E. \_\_\_\_\_ ☐ % ☐ ppm.  
B. \_\_\_\_\_ ☐ % ☐ ppm. F. \_\_\_\_\_ ☐ % ☐ ppm.  
C. \_\_\_\_\_ ☐ % ☐ ppm. G. \_\_\_\_\_ ☐ % ☐ ppm.  
D. \_\_\_\_\_ ☐ % ☐ ppm. Non Hazardous Material **100** %

⑩ WASTE PROPERTIES: pH **7** ☐ Toxic ☐ Flammable ☐ Corrosive/Irritant ☐ Reactive ☐ Sensitizer ☐ Carcinogen/Mutagen

⑪ PHYSICAL STATE: ☐ Solid ☒ Liquid ☒ Sludge ☐ Slurry ☐ Gas ☒ Other **ALUMINUM OXIDES WATER**

⑫ SPECIAL HANDLING INSTRUCTIONS: ☐ Gloves ☐ Goggles ☐ Respirator ☐ Other

GENERATOR CERTIFICATION: This is to certify that the above named materials are properly classified, described, packaged, marked, labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and EPA.

IN THE EVENT OF A SPILL, CONTACT THE NATIONAL  
RESPONSE CENTER, U.S. COAST GUARD 1-800-424-8802

⑬

Signature of Authorized Agent and Title

Date Shipped

## TRANSPORTER

(HAULER MUST COMPLETE)

⑭ NAME **ASBURY OIL CO.**  
EPA NO. **CAD028277036**  
ADDRESS **13419 Halldale Avenue** PHONE NO. **(213) 321-1392**  
CITY, STATE, ZIP **Gardena, California 90249**

⑮ PICK-UP DATE **2-13-81**  
TIME **9:45** ☒ AM ☐ PM

⑯

Signature of Authorized Agent and Title

Date

## TSD FACILITY

(FACILITY-OPERATOR MUST COMPLETE)

⑰ NAME **REPAIRING TSD. Inc.** ⑱ QUANTITY (If Measured) **100 BARRELS**  
EPA NO. **CAT080012024** ⑲ STATE FEE (If Any)  
PHONE NO.

⑳ INDICATE ANY SIGNIFICANT DISCREPANCIES BETWEEN MANIFEST AND SHIPMENT:

IF WASTE IS HELD FOR DELIVERY ELSEWHERE, SPECIFY THE DESIGNATED TSD FACILITY:

⑳ NAME  
EPA NO.

⑳ HANDLING OR DISPOSAL METHOD:

☐ Surface Impoundment ☒ Landfill  
☐ Injection Well ☐ Land Treatment  
☐ Treatment (Specify)  
☐ Recovery or Reuse ☐ Storage/Transfer

㉑

Signature of Authorized Agent and Title

Date Accepted

ORIGINAL